Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-OT

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Ma	rk 'X	' in t	he a	pprop	riate	box	to in	dicat	e wh	ethe	r this	s is y	our i	nstal	latio	n's fi	rst no	tifica	ation	of ha	azaro	lous	waste	act	ivity	or a	subse	quer	nt
not	ficat	ion.	If this	is no	ot you	ur fir	st no	tificat	tion,	enter	you	rinst	allatio	on's l	EPA	ID No	ımber	in th	he sp	ace p	rovio	ded be	elow.						1988
2	1 A.	First	Notif	icatio	n		B. Su	bseq	uent	Notif	icatio	on (co	mple	te ite	em C	,			T		C. In	stalla	ation'	s EP	AIDI	Num	ber		3000

				10	— For Official Use Onl	y Marine San Carlo
				3		T/A C
X. De	scription of Ha	zardous Wastes (c	ontinued from fron	1)		
A. Haz	ardous Wastes fron	n Nonspecific Sources	. Enter the four-digit nu dles. Use additional she	mber from 40 CER Part	261.31 for each listed ha	azardous waste
	1	2	3	4	5	6
	7	8	9	10	11	12
B. Haz	ardous Wastes from	n Specific Sources. En	ter the four-digit number additional sheets if nec	er from 40 CFR Part 261.	32 for each listed hazard	dous waste from
	13	14	15	16 I	17	10 10
		1 0 0 0 0	15	10	1	18
	19	20	21	22	23	24
	25	26	27	28	29	30
C. Con	nmercial Chemical I	Product Hazardous Was which may be a hazar	estes. Enter the four-dig	it number from 40 CFR I	Part 261.33 for each che	emical substance
	31	32	33	34	35	36
100	37	38	39	40	41	42
						42
	43	44	45	46	47	48
D. Liste pital	ed Infectious Waste Is, or medical and re	s. Enter the four-digit r search laboratories you	number from 40 CFR Pair installation handles. U	rt 261.34 for each hazar lse additional sheets if n	dous waste from hospital ecessary.	als, veterinary hos-
	49	50	51	52	53	54
E. Char	racteristics of Nonli	isted Hazardous Waste s. (See 40 CFR Parts 26)	s. Mark 'X' in the boxes	corresponding to the ch	aracteristics of nonlisted	d hazardous wastes
	1. Ignitable (D001)		2. Corrosive	3. Reactive (D003)	/e	
XI. Ce	ertification		(2002)	(Becc)		(Bucc)
thi	is and all attache taining the infori	ed documents, and mation, I believe tha	that based on my latthe submitted infe	nined and am familia inquiry of those indi ormation is true, acc ation, including the	ividuals immediatel urate, and complete	y responsible for a. I am aware that
Signati	ure		Name and Offi	cial Title (type or print)	Date	Signed
Vo	nul. Cont	Sh	PAUL JH	CHONTI SR. FLEE	T SUPU. 8	-14-86

EPA Form 8700-12 (Rev. 11-85) Reverse

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AGENCY, REGION TO AGENCY, REGION TO NEW YORK, N.Y.



RCRIS NOTIFICATION DATA DISCREPANCY FORM

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